DOCUMENT RESUME

ED 137 715 CG 400 164

AUTHOR	Kristal, Helen F.
TITLE	The Role of the School in Child Abuse and Neglect.
INSTITUTION	ERIC Clearinghouse on Counseling and Personnel Services, Ann Arbor, Mich.
SPONS AGENCY	National Inst. of Education (DHEW), Washington, D.C.
PUB DATE	77
CONTRACT	400-75-0017
NOTE	64p.; For other documents in this series, see CG 400 161-165.
AVAILABLE FROM	Ms. Carol Reynolds, P.O. Box 39143, Denver, Colorado 80239 (HC $3.00, the entire series of 5 is available for $12.00)
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	Behavior Patterns; *Child Abuse; *Child Advocacy; Community Services; *Family Life; Guides; *Legal Problems; *Parent Child Relationship; *School Responsibility; Social Attitudes

ABSTRACT

This handbook offers a comprehensive review of the social and psychological problems of child abuse and the role of the schools and community agencies in dealing with the problem. Sections elaborate the historical perspective, legal problems of definition and legislation, incidence and etiology of abuse. Identification by the school, reporting, the school's role in treatment, and the importance of the school environment are all covered. A bibliography is included. (MML)

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U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THE ROLE OF THE SCHOOL IN CHILD ABUSE AND NEGLECT

by
Helen F. Kristal

Edited and with an Introduction
by
Garry R. Walz and Libby Benjamin

Developed by
ERIC Counseling and Personnel Services Information Center
in collaboration with
American School Counselor Association

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1977

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The work presented herein was performed pursuant to a contract from the
National Institute of Education
Department of Health, Education and Welfare
Under the direction of
ERIC COUNSELING AND PERSONNEL SERVICES INFORMATION CENTER
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School of Education
The University of Michigan
Ann Arbor, Michigan

Published by

AMERICAN SCHOOL COUNSELOR ASSOCIATION
A Division of American Personnel and Guidance Association
1607 New Hampshire Ave., N.W., Washington, D.C. 20009

PREFACE

The American School Counselor Association is pleased to have cooperated with the ERIC Counseling and Personnel Services Information Center to produce a series of monographs on subjects about which school counselors are expressing concern. Through regional meetings, groups of counselors identified topics they deemed to be of high priority, and five were selected for the monograph series. The series focuses on broadening the knowledge and enhancing skills of school counselors in a very practical sense.

I hope these monographs will assist counselors and counselor educators to meet the needs of students more effectively. After reading the monographs, counselors may wish to encourage ASCA to develop additional publications on other important topics.

I wish to express my thanks to the authors, Donald G. Hays, Helen F. Kristal, A. William Larson, Robert D. Myrick, and Daniel H. Nasman for the quality of their manuscripts. Also, my special appreciation to Garry R. Walz and to Libby Benjamin for initiating and sponsoring the project, and reviewing and editing all manuscripts.

It is my sincere hope that this series of monographs will be a valuable contribution to the work of school counselors, counselor educators, and other helping professionals.

Carol Reynolds
Interprofessional Relations Coordinator
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INTRODUCTION

New populations to serve, greater demands to demonstrate professional worth, thorny legal questions to resolve, and the need to acquire new skills are just some of the presses being experienced by members of the helping services. The demands for broadened services of counselors and other helping professionals have increased notably in recent years. The support for those services, however, has remained constant or diminished. Therefore, counselors are seeking more impactful strategies to deal with this paradox of more to do and less to do with.

While the need for new approaches and skills clearly exists, counselors are plagued by the double-headed problem of resources which are either difficult to obtain or too theoretical and abstract to be of practical utility. A high level discussion of child abuse has little to offer the hard-pressed counselor faced with helping a tormented child.

Our goal in creating this monograph series was to assist counselors to acquire practical and immediately adoptable techniques and procedures for dealing with current or emerging concerns. Initial discussions with the then ASCA president, Don Severson, and later with the ASCA Governing Board and Carol Reynolds, led to our identifying and prioritizing areas toward which we should focus our efforts. With help from ASCA, authors were selected who were highly knowledgeable about the functions of counselors in these chosen areas. Theirs was the task of culling from the large reservoir of accumulated knowledge and their own personal know-how those ideas and practices which would best serve pressed, if

not embattled, counselors.

It is our judgment that the process has been successful. Five monographs have been developed which deal with highly prioritized counselor needs and provide direct assistance to counselors. Singly or as a series, they can help counselors to heighten their awareness and upgrade their skills.

The titles of the five monographs in this series are: Needs Assessment: Who Needs It?, The Role of the School in Child Abuse and Neglect, Student Rights: Relevant Aspects for Guidance Counselors, Consultation as a Counselor Intervention, and Legal Concerns for Counselors. In all of the manuscripts the authors provide a brief overview of the historical background of the subject, speak to current trends and developments, offer a glimpse of directions for the future, and, most important, emphasize new roles for counselors and strategies counselors can use to be more effective in their work. Readers will also find extensive lists of helpful resources to which they can refer for more information.

The rewards for us in working on this project have been many. The support, interest, and cooperation of Don Severson, Carol Reynolds, and Norm Creange have been all that we could have asked for. The authors, while not always agreeing totally with our ideas, have been most responsive in incorporating our suggestions into the texts. Perhaps most of all, we feel rewarded by that certain look of discovery and pleasure evident in the faces of those who have reviewed the manuscripts. Like us, they experienced the joy of knowing that here at last was something

that could really make a difference in what they do. That pleases us immensely! Because making a difference is, after all, what we and ERIC/CAPS are all about.

G.R.W.
L.B.

ABOUT THIS MONOGRAPH

Long an area of concern and some confusion, the problem of child abuse and child neglect is becoming increasingly visible through wide publicity in the communications media. Where in the past, concern for such practices was hushed up or ignored, we now openly recognize that abusive parents are in need of help and that the schools and other agencies must offer aid to their children. The confusion has stemmed from not knowing what to do--whether or not to report, whether or not to consult and with whom, the legal implications of intervention.

Ms. Kristal provides a historical perspective of abuse and child rearing practices and informs the reader of recent relevant legislation and the incidence of abuse, devoting the bulk of the manuscript to the roles of the school and of counselors in responding to abuse. Openly deploring the lack of action on the part of school personnel and the practice of corporal punishment in some schools, the author goes beyond mere condemnation and suggests specific ways counselors can team with others to help children who suffer from such tragic maltreatment. We believe that a document with such practically-oriented information, written in clear and concise form, has long been needed and hope that by reading it counselors will become more enlightened and more able to deal with such problems.

ABOUT THE AUTHOR

Helen F. Kristal is Assistant Professor of Psychiatry and Pediatrics (Social Work) in the Division of Clinical and Community Programs, Community Health Center, The University of Rochester; and Coordinator for Child Abuse at Strong Memorial Hospital in Rochester, New York. She did her undergraduate work at Brooklyn College and graduate study at Smith College School for Social Work. A member of the Academy of Certified Social Workers and the American Association of Social Workers, Mrs. Kristal is also a Fellow in the American Orthopsychiatric Association.

Mrs. Kristal is eminently qualified to write on this topic, having had extensive experience with families in different agencies, including family service, adoption and placement, public health, school, and mental health settings. A teacher and professor at public school and university levels, the author has been in her present position at The University of Rochester since 1966.

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THE ROLE OF THE SCHOOL IN CHILD ABUSE AND NEGLECT

Helen F. Kristal

Part I

The Social and Psychological Problems of Child Abuse

A. Historical Perspective of Abuse and Child Rearing Practices

Violence and abuse directed at children is not a new phenomenon but has been in existence since biblical times. Through the years it has been justified and rationalized with different explanations. In primitive times the explanation involved the need to please certain gods or to expel evil spirits. As civilization became more sophisticated, parents saw this behavior as a means to insure the proper socialization and transmission of educational ideas. The recurring theme of "spare the rod and spoil the child" persists in child-rearing practices today and is only currently being aggressively challenged by the emerging idea that children are persons with rights of their own for which society must take responsibility if they are denied.

Over the years western education has made sporadic attempts to influence attitudes towards children, but the basic premise persists that children are the property of their parents. In 1611 Roger Estrange published a book, The Children's Petition, urging kinder treatment and tolerance from parents towards their children. Some years later in the same century a school teacher named Roger Ascham, in a book titled The Schoolmaster, strongly supported the use of love instead of fear in

teaching children.

In early agrarian society the idea that a child was a chattel of his/her parents was a functional, practical arrangement since the family's livelihood depended on the numbers of hands that tilled the soil and did the chores. Later, with the advent of the Industrial Revolution, child labor became a valuable resource because it could be easily controlled and cheaply bought. However, the growth of mechanization and technology also brought the gradual breakup of family solidarity and relative networks, like grandparents, aunts and uncles. The natural human protection that came from interested families began to disappear. Astute social reformers took note of the widening distance between children and families and the resultant vacuum that allowed exploitation from others. Dickens' classic, Oliver Twist, eloquently describes those early years of an industrial society. Growing concern for the welfare of children led to legislation regulating the use of child labor, and shortly afterwards came laws providing for compulsory education and school attendance.

In our country the translation of this embryonic development of concern for children and their right to healthy growth and development into program areas that benefit children has been pitifully slow. Thus we are differentiated from totalitarian societies where children are considered direct resources for the state and their upbringing is merely entrusted to parents as a task to be performed for the welfare of the state. Our society rejects the frightening power of that totality of control because of our firm belief in guarding our independence as individuals who have choices in our own destiny. At the same time we

are also confronted with the tragic state of some of our children who are ill-fed, ill-cared for, and ill-prepared to take their places as contributing members of society. As Judge Justine Wise Polier sums up the situation in an introduction to The Rights of Children--Emergent Concepts in Law and Society (Wilkerson, 1973), "Hunger, malnutrition, delinquency, abuse, lack of health care, inadequate education, pittance welfare, and discrimination remain areas of crisis for tens of thousands of children throughout the United States" (p. XIV of Introduction). The facts substantiating this problem list are in marked contrast to the prevailing myth that America is a child-caring, child-loving society.

It was only 100 years ago in our country that the first child protective agency was formed, largely because a church welfare worker discovered that a little 9-year-old adopted girl, Mary Ellen, was being starved and abused by her parents. Because there was no legislation protecting abused human beings, the only resource for helping the child was through a petition to the Society for the Prevention of Cruelty to Animals for intervention on the basis that the little girl was a member of the animal kingdom! It was not until the following year, 1875, that the first Society for Prevention of Cruelty to Children was established in New York City. Several years later, in 1909, the first White House Conference on Children was called. This was followed by the formation of the Children's Bureau in the federal government, an organization charged with the task of studying and developing programs that would benefit the lives of children. Today the Children's Bureau is one of the units of the Department of Health, Education and Welfare, and it

continues to be active in projects aimed at safe-guarding and enhancing the quality of the lives of children. Very recently that agency took on a new responsibility with the creation in 1974 of a National Center on Child Abuse to implement the directives of the Child Abuse Prevention and Treatment Act. That legislation was sponsored by Senator Walter F. Mondale and passed by Congress largely as a result of the increased visibility of child abuse, sensationalized through the media but reinforced by data confirming the deplorable situation of many helpless children.

Research and studies by a number of professionals in education, medicine, psychology, sociology, and anthropology have supplied us with the factual information about what our children need. It remains for us to work on implementing these objectives into functioning programs.

This is starting to happen as we begin a shift from the consideration of parents' rights as primary to a new focus on the rights of children to live in the kind of nurturing environment that will maximize their potential as developing human beings. Despite the American tradition of leaving the care and welfare of children almost entirely to parents, pressure is being put on our legislators and courts to intervene and to provide for children's needs when parents are unable or disinclined to do so. In line with this thinking an important book, Beyond the Best Interests of the Child, was published in 1973, in which the relationship of children to their adult environment was examined and emphasis was placed on the changing needs of children during their periods of growth and maturation. The focus of the book is on an examination of existing

laws that govern the disposition of children, and an attempt is made to formulate a revised legal code. Three authors from different fields collaborated in this effort: Joseph Goldstein, a lawyer on the faculty of the Yale Law School; Anna Freud, daughter of Sigmund and a child psychoanalyst working at the Hampstead Child Therapy Clinic in London; and Albert Solnit, a pediatrician and expert in child development who also teaches at the Child Study Center at Yale University. It appears that such collaborative efforts linking knowledge and resources from diverse fields will provide the hope for our problem-solving efforts of the future.

B. Difficulties in Definition

Because interpretations of its meaning and scope vary widely, the term "child abuse" continues to pose many problems. Physicians and hospital personnel tend to limit the meaning to actual severe physical injury, while others view physical abuse as only one segment of a wide spectrum of maltreatment of children. Dr. David Gil, Professor of Social Policy at Brandeis University, who has devoted much of his academic career to studying violence directed at children, sees abuse as infiltrating many dimensions of our society. In the article "Unraveling Child Abuse" that appears in the April 1975 issue of the American Journal of Orthopsychiatry, Dr. Gil offers a value-based definition of child abuse:

> Every child, despite his individual differences and uniqueness, is to be considered of equal intrinsic worth, and hence should be entitled to equal social, economic, civil, and political rights, so that he may fully realize his inherent potential and share

> equally in life, liberty, and happiness. Obviously these value premises are rooted in the humanistic philosophy of our Declaration of Independence. In accordance with these value premises then any act of commission or omission by individuals, institutions, or society as a whole, and any condition resulting from such acts or inaction which deprive children of equal rights and liberties and/or interfere with their optimal development, constitute by definition abusive or neglectful acts or conditions. (p. 347)

The same broad point of view is substantiated by the outstanding series of reports (1975) edited by Dr. Nathan B. Talbot and titled, Raising Children in Modern America. These two volumes (Vol. I, Problems and Prospective Solutions, and Vol. II, What Parents and Society Should be Doing for Their Children) summarize a series of seminars held by an inter-faculty group at Harvard. Simply stated, their conclusions are that for healthy growth and development children need five basic psychosocial ingredients, in addition to the physical requirements of a good genetic inheritance and the essentials of food and shelter. If these are not present, children are deprived, and therefore socially abused. The psychosocial needs as developed by the faculty group are as follows:

1. Being needed and wanted
2. Being attended to, cared for and protected
3. Being valued, cherished, accepted and given a sense of belonging
4. Being guided, educated, stimulated toward social capability, and subject to limits of socially acceptable behavior
5. Being given opportunities to gain satisfaction in life through useful work and creative recreational activity.

Conceptualized as opposites of the above criteria are the traumas and deprivations suffered by humans that cause illness and problems in human functioning:

1. Being shunned or considered superfluous
2. Being neglected or abused, psychologically
3. Being maliciously belittled, hated, rejected, or spurned
4. Being denied responsibility or opportunities for independent thought or action; having everything done for one.

These various criteria are not static, absolute states, but are spread across a range from mild to severe, in various combinations and intensities. Different individuals are therefore affected in different ways. Some children can cope with reasonable success with some aspects of deprivation. Others are not so fortunate and suffer severe effects. We still do not have sufficient knowledge to predict what combinations of factors help children to cope successfully, but the best help appears to be prevention in the first place.

We have made relatively swift progress in the area of curtailing physical abuse of children. As stated before, child abuse has been part of our culture through the years, but only recently has the syndrome or pattern of abuse been identified and described. It was almost 100 years ago that a French physician who was involved in legal-medicine work in Paris, Dr. Ambroise Tardieu, wrote a paper clinically describing injuries to children that appeared grossly inconsistent with the histories as given by the children's caretakers. Dr. Tardieu was suspicious of the etiology of the injuries but had no proof. It was not until the

1940's and 1950's that diagnostic radiology was sufficiently perfected by medical researchers that physicians could accurately assess fractures and deduce the time of injury and the nature of the force involved. Some of this outstanding work was done by J. Coffey, F. D. Ingraham, H. Bakrin, and F. Silverman. This knowledge was then combined with knowledge emanating from psychiatry and the social sciences, and the psychodynamics of abuse began to be more clearly understood.

It was in 1962 that Dr. C. Henry Kempe, Professor of Pediatrics at the University of Colorado Medical School, read a classic paper at a National Conference of Pediatrics describing the syndrome of abuse and, to arouse the apathetic medical community to its wide-spread prevalence and dangers, intentionally gave the condition the dramatic title, "The Battered Child." That term is now beginning to be abandoned since its relevance is predominately to the medical community who see the most severe forms of physical abuse, estimated to be about 5% of the total reported cases. If the broader definition of child abuse is considered, the vast numbers of abuse cases do not come to the attention of physicians or hospitals but are seen by others in the community.

C. Abuse Legislation

In reaction to the heightened interest in the problem that followed Dr. Kempe's dramatic expose', exploited subsequently by the media, all 50 states passed some form of abuse legislation in the unprecedented short span of 4 to 7 years. There are individual variations among the states, but essentially abuse is legally defined and immunity from subsequent civil or criminal liability is granted.

The terminology used to describe abuse in most of the statutes follows the suggestions of Dr. Kempe (Kempe et al., 1962) but is defined in legal terms as a situation:

> "where a child . . . is suffering from serious physical injury or abuse inflicted upon him by other than accidental means or suffering harm by reason of neglect, malnutrition, or sexual abuse, goes without necessary and basic physical care, including medical and dental care, or is growing up under conditions which threaten the physical and emotional survival of the child." (Talbot, 1976, p. 174).

The age range for children covered by these statutes varies, with the upper limit being 18 years in most states. In Georgia, however, the upper age limit is 12 years, while in the state of Washington there is no age limit set for persons who are mentally retarded (Light, 1974).

Every state grants immunity to persons required to report, but states vary in their determination of who are mandated to report. For example, New York lists almost every health professional who has any contact with children, including physicians, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, police, social workers, school officials, day care workers and foster care workers. The only states that do not require teachers or other school personnel to report are Arizona, Delaware, the District of Columbia, and Rhode Island; however, they permit teachers or other school personnel to report. Indiana, Nebraska, New Jersey, Oklahoma, South Carolina, Tennessee, Texas and Utah specify that any person can report. All other states mandate specifically that teachers and other school

personnel report any incidents of child abuse within their knowledge. Because of the variations between states, it would be most important to become familiar with the local legislation, and copies of state laws are generally available through the Offices of Child Welfare.

Some states differentiate between abuse, and maltreatment or neglect. For example, New York defines an "abused child" as less than 16 years of age whose parent or other person legally responsible for his care:

1. Inflicts or allows to be inflicted upon the child serious physical injury; or

2. Creates or allows to be created a substantial risk of serious physical injury; or

3. Commits, or allows to be committed against the child, an act of sexual abuse as defined in the penal law.

A "maltreated child" is a child under 18 years who has had serious physical injury inflicted upon him by other than accidental means, or is impaired as a result of the failure of his parent or another person legally responsible for his care to exercise a minimum degree of care:

1. In supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or

2. In providing the child with proper supervision or guardianship; or

3. By unreasonably inflicting, or allowing to be inflicted, harm, or a substantial risk thereof, including the infliction of excessive

corporal punishment; or

4. By using drugs; or

5. By using alcoholic beverages to the extent that he loses self-control of his actions; or

6. By any other acts of a similarly serious nature requiring the aid of the Family Court.

A "maltreated child" in New York is also a child under 18 years who has been abandoned by his parents or other persons legally responsible for his care.

In New York the law purposefully requires only "reasonable cause to suspect" with the emphasis on the fact that the diagnosis need not be absolute. Since abuse usually occurs in the privacy of home, without witnesses, it is extremely difficult to prove. The primary purpose of the law is to protect children and to alert persons to clues that they are being mistreated. The emphasis is on working towards stabilizing and strengthening family life rather than on punishment, but criminal law does take precedence in matters of homicide.

Many of the states also include in their legislation provisions for temporary protective custody if it is believed that a child is in imminent risk of physical danger. Thus, physicians and authorized hospital personnel may hold a child against parents' wishes by immediately notifying the designated child protective agency in the community, following up with a notification to the appropriate Family Court requesting an immediate hearing. Other persons may detain a child with the additional intervention of a police officer or a representative of

the local child protective agency, who subsequently would follow the same legal procedure of notifying the appropriate court to schedule the hearing. The need to invoke such a drastic procedure is relatively rare. However, the necessity for factual, clinical information on which to make important judgments cannot be stressed enough. Hasty, emotionally-charged decisions can boomerang and hurt everyone involved.

D. Incidence of Abuse

Since reporting legislation was passed, the number of cases appears to have risen astronomically. However, a word of caution about interpretation is in order since it seems unlikely that the problem has increased so extensively. Rather, it seems that people are responding to educational efforts to observe more carefully, and with the elimination of the threat of lawsuits, feel more comfortable about reporting and bringing the problem to someone's attention.

In the first year of reporting incidence figures, the National Center on Child Abuse and Neglect estimated from 60,000 to 500,000 cases per year. On the basis of his clinical experience and practice Dr. C. Henry Kempe believes that 6 of 11,000 live births will at some time be diagnosed as abuse. Holter and Friedman (1968), who reviewed the Emergency Room reports in a general hospital for all children under 3 years of age, report that 10% of all those surveyed could be considered to be within the defined framework of suspected abuse. What becomes clear at this point is that no one knows with certainty the extent of prevalence because the definition of abuse remains obscure. As Richard Gelles writes in "The Social Construction of Child Abuse" (1975),

> "If we can confine our definition to one that calls abuse only those cases where observable physical injury has been deliberately caused by a caretaker, then our incidence of abuse will be comparatively small. If on the other hand we apply the definition provided by the Child Abuse Prevention Act, the incidence of abuse may be as high as tens of millions of children (depending on what we call mental injury)." (p. 363)

What should be emphasized is that reporting laws only bring the problem to the attention of society. The laws are of no benefit to children unless constructive programs are provided to deal with the problem issues on a preventive as well as therapeutic level.

E. The Etiology of Abuse

There is presently an extensive body of literature suggesting various theories on the causes or etiology of abuse. In 1974 the National Institute of Mental Health published a bibliography listing 138 different references, and the research in this area continues to increase.

Some authors stress the psychological components (Kempe et al., 1962; Steele & Pollock, 1968; Fontana, 1968; Melnick & Jurley, 1969); others emphasize factors of social and economic stress, social isolation, high mobility and unemployment (Elmer, 1967; Young, 1964). Others give special attention to the interplay of mental, physical and emotional stresses. Dr. David Gil takes a more global view in "Physical Abuse of Children: Findings and Implications of a Nationwide Survey" (1969) in which he considers the roots of abuse in the fabric of society with its cultural sanction of abuse as an integral part of

our child-rearing practices. Dr. Gil's hypothesis is that nothing short of a restructuring of society by raising the general level of human well-being will do anything to eradicate the problem and that all other efforts are merely palliative and fragmentary. Despite these different primary emphases there appears to be general agreement that physical abuse results from seriously distorted parent-child relationships, combined with some acute environmental stress that triggers a loss of control. Dr. Ray E. Helfer has systematized the various processes that might be involved in a schema he calls, "The World of Abnormal Rearing" or "W.A.R." (DHEW, 75-79).

What kind of parent might have the potential for exercising abusive behavior toward children? At one time it was thought that only gross psychopathology could result in a parent's physically attacking a child. However, the incidence of diagnosed mental illness accounts for only about 5% of cases. Most of the parents involved do not fit into any specific psychiatric diagnostic categories but span the entire personality spectrum (Helfer & Pollock, 1967). In 1962 E. J. Merrill attempted to describe a typology of personality types and identified three main clusters of characteristics: 1) parents who seem to have continual, pervasive feelings of hostility and aggressiveness; 2) parents whose personalities seem characterized by rigidity, compulsiveness, lack of warmth, and lack of reasonableness and pliability in thinking and belief; and 3) parents with strong feelings of passivity and dependence. Merrill also included a category for fathers, whom he described as generally young and intelligent, with skills, but who

because of some physical disability could no longer support their families as they formerly had. These men were now in reversed roles with their wives working, and their frustrations appeared to be easily triggered. Although these parents cannot be considered psychiatric problems, their personality styles do suggest defects in character formation with problems in their methods of discharging anger and aggressive impulses (Spinetta & Rigler, 1972).

Parents are identified from all socio-economic levels, though reported cases do cluster at the economically disadvantaged level. However, these figures need to be understood in the context of the fact that poor people come to the attention of public facilities, while those who can afford private care seem to be sheltered by a collusion of silence and social taboo (Elmer, 1960). These middle class and wealthy parents are shielded by personal, social, and professional status conventions.

What is common to most parents who have been studied retroactively to the problem of abuse is that there is a high incidence of divorce, separation, or unstable marriage marked by considerable marital conflict, and high mobility with many changes of addresses, unemployment, and alcoholism (Kempe et al., 1962).

Parents who fit "The World of Abnormal Rearing" (Helfer, DHEW, 75-79) share the common pattern of considering that their children exist to meet parental needs and expectations, and therefore they ignore or are unaware of their children's needs. These are parents who never experienced early childhood fulfillment or nurturing themselves

and have no real preparation to pass on that "imprinting" or learned behavior to their offspring. Therese Benedek (1956) stresses the importance of an adequate experience in infancy with an empathic mother to lay the foundation for being an empathic adult. Others have pointed out that this quality is not confined to biologic mothers but is essentially a human trait that can be transmitted by any surrogate caretaking person. Unfortunately, when a person has been deprived of this feeling of being wanted and cared for and has met with rejection or cold, critical responses to efforts to please and conform, s/he grows up with feelings of worthlessness and lack of trust. This makes it very difficult for her/him to ask for help even if s/he perceives the need for it. These are people who have no real sense that anyone truly cares anything about them. They are therefore suspicious and rejecting of offers of assistance. As a result they isolate themselves from others and live lonely, self-centered lives. The tragedy of this cycle of disordered child rearing is that it spans generations as the social contagion passes from mother to child to mother. If there are no successful interventions, the cycle of poor rearing continues.

This psychologically immature parent who is fixated at an early narcissistic, ego-centric level where his/her own gratifications are paramount expects his/her child to take care of parent's needs. This "role reversal" phenomenon (Morris and Gould, 1963) leads to parents who have very high expectations for children's performance quite inconsistent with the level of the child's physical or cognitive development. The children of these parents are pushed to grow up

prematurely since they quickly sense that survival is based on conforming to expectations and on learning to take charge of their own needs. Unfortunately many young babies cannot, because of the immaturity of their development, comply, and these are the ones that become the shocking statistics of the "battered child." Dr. B. Steele (1970) describes one of his patients, Mrs. C., who related, "I have never felt really loved all my life. When the baby was born I thought he would love me, but when he cried all the time, it meant he didn't love me so I hit him." Kenny, the baby, was then three weeks old.

All parents have a need for their children to respond to them in a rewarding fashion, and in the average family there is a comfortable reciprocity between parent and child. However, the potentially abusing parent differs markedly from the normal parent in this excessive intensity of premature expectations that have no real relationship to the child's development.

If the family is intact with another parent in the home, the partner will generally be a passive, uninvolved parent who, to keep the peace, will deny the seriousness of the problem. This lack of support or of any meaningful involvement in taking responsibility for child rearing may be another factor in the anger that becomes projected to the child.

Why, if there are several children in the family, should one child be most vulnerable to abuse? The answer probably lies in the "special" way that a parent perceives that individual child. Perhaps it is a genetic factor that the child looks like someone in the family

against whom the parent has strongly negative feelings. Perhaps the child is difficult to look after because of some birth defect or injury. Some children because of their temperaments may provoke attack. Parents may resent a child who is too active or whose passivity does not provide the feedback the parent seeks. An out-of-wedlock child, or an unplanned-for child who arrives too soon after the birth of other children, may be the target of suppressed anger. Premature or colicky babies, or retarded children who require more care and may be less able to be responsive to parents' needs, are abused more frequently. Statistics do bear out the fact that children with physical handicaps are more apt to be abused than normal children. A child's sex may be the basis for rejection by a parent who was planning for a child of the opposite gender.

Abusing parents will generally describe the rejected child in a distinctive way, using negative descriptive terminology such as disobedient, stubborn, inconsiderate, fussy, demanding, ugly, a bad child. Further exploration may also bring out similarities to the way the parent perceives him/herself as being no good, not well thought of by anyone.

Despite these intense feelings, a parent may be able to cope and maintain a functioning equilibrium until some unusual, unexpected incident triggers the suppressed aggression and anger that become projected to the child. The incident might be something minor like the washing machine breaking down or the child coming home with a poor report card; or it might be something more significant like the loss

of a job. These abusive parents have no resilient sense of self-esteem and worth to help them tolerate stress. They literally are shattered by events that suggest poor performance. They repeat what they learned from their own parents that children should be capable of taking care of parents when needed. When the child disappoints them, their rage is uncontrolled. The child who becomes the victim also becomes the future source of the pathological child-rearing pattern.

Part II: The Role of the Schools

As the system in our society that has the most intimate and consistent contact with children, the schools can be a significant force in helping to promote the well-being of the future citizens of our country. Schools are in a strategic position to be primary case finders of problems involving neglect and abuse since all children attend and spend a major share of their time there. Initially, efforts to involve schools in identification and help with these problems were not especially stressed since it is very young children, below 3 years of age, who suffer the most severe or traumatic injuries. However, as we are learning more about the incidence of abuse through wider, more comprehensive reporting, it is becoming clear that these sensational cases are merely the tip of an iceberg and that the actual numbers of children who are maltreated or neglected are a submerged mass that we are only beginning to perceive. School-aged

children are therefore very much affected and represent the predominant incidence of abuse. Since all states now have abuse legislation providing legal protection to persons reporting suspected abuse, the schools can feel less threatened and vulnerable in taking the steps necessary to protect children and to help advance the control and possible prevention of abuse in their communities.

The design of an effective school program with these objectives should reflect continuous efforts to educate all school personnel to recognize signs of abuse and neglect, understand the multiplicity of forces that motivate violence against children, and know what action can be taken to secure help; and to promote broad educational experiences directed at developing interpersonal relationship skills that will help children be better parents in the future.

It goes almost without saying that programs like these will not be successful unless there is commitment and backing from school administration. There have been wide criticisms and objections that school systems are overburdened with expectations that they take responsibility for the problems of society. This is a meaningless statement without merit if the goal of educational efforts is preparation for life rather than the narrow, limited education of the intellect. Eli Bower (1958) states that because of the impact of its influence and its extended contact with children, a school which does not understand and respond to needs of children may create problems and contribute to maladjustment. As research in theories of learning and effectiveness of teaching continues, we now have gathered sufficient,

verified data to reinforce the concept that mind (intellect and feelings) and body (constitutional inheritance) are an enmeshed unit and that meaningful learning does not take place unless both areas are taken into consideration in the learning process. This humanistic philosophy is developing a vast literature of its own and again represents collaborative efforts of different professions working on problem solving.

A climate of honest caring for the "whole" child is essential if there is to be successful linkage between administrative personnel and educational practitioners, including the teacher and the support services of nurse, physician, psychologist, social worker, and counselor. Programs also require interest and leadership, and schools may vary in designating which person will be manager or coordinator of the school "abuse team." A school counselor who by education and training systhesizes both the educational and psychological point of view might be an excellent catalyst for organizing and stimulating different people to work together.

A. Identification by the School

The task of determining whether a child has been physically abused is difficult enough, but even more of a dilemma occurs in trying to make the judgment of maltreatment or neglect. The language of the law provides structure, but the structure is based on qualifying, value-based decisions. For example, the Maryland State Department of Human Resources guidelines for determining neglect list terms such as

malnourished, ill-clad, dirty, without proper sleeping arrangements, lacking appropriate health care, and the like. How such terms are defined varies from community to community. In discussing the problems of definition, Leila Whiting writes in "Defining Emotional Neglect" (1976), "The words are clear and explicit and most of us have a 'gut' response of knowing exactly what they mean. The problem lies in attempting to define them in a specific community in relation to a specific child" (p. 2). The need for criteria and accepted community norms continues to be a problem since cultural differences are a viable factor. However, cultural differences can also be used as an excuse and justification for maltreatment, and protection of children must still be the primary consideration.

What might be helpful in making a decision about the seriousness of a case is consensus from several different people who are part of the evaluation process. This procedure might be similar to that used in the hospital setting where the physician who has examined the child and other hospital personnel who have had contact with the family conference together and discuss their impressions (Kristal & Tucker, 1975). The schools might use a similar model, consisting of the teacher, since s/he is most likely to notice suspicious signs; the nurse and/or school physician who may examine the child more thoroughly; and the school counselor and/or other psychosocial school experts, with one person designated to take charge of over-all management. One advantage of this model, in addition to validating objective signs of abuse and neglect, is that the responsibility for the decision is

shared. It is still easier for most persons, including physicians and school personnel, to ignore signs of abuse and neglect to avoid getting involved in what might be an unpleasant experience. This conscious avoidance may also occur because it is still difficult for most of us to accept the idea that some parents act out aggressive impulses that most of us are forced to suppress.

Within the schools teachers and counselors have the most familiarity with children and generally have a subjective baseline of the child's average appearance and behavior and how these fit with the norm of the group. The teacher and counselor are then in the optimal position to observe and sense when something is wrong. Counselors can help educate teachers to "look" and to ask gentle, non-threatening questions when they see bruises, lacerations, burns, discolored welts, fractures or other signs of injury. These signs should not be ignored or simply dismissed on the assumption that they are results of unavoidable accidents. A simple statement like, "Tell me about how that happened to you," might elicit an unexpected response.

There may be occasions when the teacher and/or counselor should request a child to come to a private spot and lift his/her shirt or expose other parts of his/her body when there is reason to feel that the child may have suffered injury to parts of his/her body that are not ordinarily exposed. If the child's account substantiates physical punishment, it would be up to the teacher and/or counselor to consult with the designated school abuse coordinator and reach a joint decision about follow-up. If the case is considered to be serious, indicating

injury beyond the community norm for acceptable discipline, it is best for the school to refer the matter to the local agency delivering child protective services. In most communities this is the Child Protective Division of the Department of Social Services.

In addition to physical injuries, teachers and counselors should also be cognizant of neglected and emotionally deprived children. Dr. Barton Schmitt in What Teachers Need to Know About Child Abuse or Neglect (1975) describes different forms of deprivation including nutritional deprivation, or, in infants, "Failure to Thrive," a condition in which the child is suffering from malnutrition because of deliberate underfeeding. These children are not just thin from genetic inheritance, and they may report not eating breakfast, bring a scanty lunch, but yet consume ravenously whenever food is offered. If the school has made efforts to get parental cooperation in more appropriate feeding and the child still gains no weight, the case should be referred for protective service. In this as in other similar situations, written records should be kept to document observations: dates of missed breakfasts, descriptions of amounts of food sent for lunch, records of the child's weight. This type of information can be helpful in working with the family, as well as substantiating evidence if a referral needs to be made to the court. Dr. Schmitt continues the list of deprivations with drug abuse (when no treatment is sought or when parents have deliberately shared drugs with a child), medical care neglect (no follow through if a child needs eyeglasses, dental work, immunization or some corrective medical procedure), sexual abuse,

severe hygiene neglect and persistent emotional abuse. These latter two conditions are especially difficult to evaluate, and school personnel need help in sharpening their clinical, observational skills so that they do not use broad descriptive terms that can subsequently be challenged. For example, instead of merely stating that a child is dirty or ill-cared for, the observer should substantiate with a written description including a date and the facts: skin encrusted with dirt, clothes smelling of urine, inadequate clothing for weather, and so forth. To elaborate on suspicions of emotional neglect the observer should use more specific terms than aggressive, disruptive, destructive, or shy and withdrawn. It is more helpful to document descriptions of acts of behavior like grabbing articles from other children, talking out and disregarding others, avoiding peers, and daydreaming, to assess more accurately the nature of the problem and the type of follow-up that is indicated.

The point Dr. Schmitt makes is that many of these situations fall within the spectrum of abuse and neglect but may be modified initially by helping services from the school. However, if school interventions fail or if the school team decides that the extent of the problem warrants protective evaluation and intervention, the case should be reported immediately.

There may be occasions when the teacher and counselor and the school abuse consultant or team have conflicting points of view that are not resolved during the case discussion. If any individual remains concerned that the child is at risk, s/he should be encouraged and supported to report through whatever channels the school has agreed to use.

B. School Reporting of Abuse

This brings up school procedural issues that vary according to state laws, communities and school districts. As Kay Drews reports in "The Child and His School" (Helfer and Kempe, 1972), many school personnel continue to be ignorant of their local abuse legislation, and it is not until a crisis in the schools develops that they become aware of their confusion about what to do. What Drews emphasizes is that it is not enough for a school to believe that the school personnel have an understanding of what should be done. There is a necessity for a written plan for a clearly delineated procedural sequence from the beginning identification and diagnosing of the problem, to the possibilities for school intervention and counseling, to reporting to protective services. What Drews found after surveying a large number of school programs was that a noticeable discrepancy existed between what the administrators of a district thought the plan was and what the principal and teachers (who are the ones most directly involved) believed the plan to be.

C. School's Role in Treatment

Educational training has not equipped educators with the diagnostic and interpersonal skills necessary to evaluate and treat fully the complex psychosocial problems of neglect and abuse. This is why school personnel need to be part of the resource group in the community who are cooperating to work on controlling the problem. Many schools will not get involved beyond the point of identification and immediate referral to Child Protective Services for further evaluation and

treatment. Other school with ancillary personnel like counselors, social workers, and nurses, after conferencing, may want to try preliminary interventions to test parents' capacities to modify behavior. There certainly should be no question about an immediate referral to protective services if the child is at serious physical risk.

If school personnel decide to test intervention in a preliminary, supportive, educational way, there is need for them to be able to perform the following functions:

1. Assessment of parents' motivation for help and their ability to respond to appropriate social role learning. The counselor would need to evaluate the parents' capacity for using other adults to help, rather than expecting the child to be the one to provide gratification. Sometimes a reaching out by the school through a sympathetic, understanding person can help create the attitude for more willing participation when Child Protective Services call.

As part of the continuing assessment, the helping person needs to look for opportunities to observe family interactions so that irritants as well as supports can be understood and worked with. What is it about the child that appears distasteful to the parent? Who does the parent look to for aid? Is there a relative, friend or neighbor who was helpful in the past and might be mobilized to help again? Is there anything particularly distressing in the environment that might be changed?

2. Non-judgmental, sympathetic listening. This kind of listening is considered the most important tool in helping to establish a thera-

peutic relationship. Direct, persistent questioning should be avoided since it can be perceived as criticism and may provoke more anger. Our experience at the hospital in Rochester, New York, has shown that when we are open, honest but understanding, and sympathetic to the parents having a problem, the preparation for contact by the Child Protective Services appears to be viewed more as help rather than as authoritative rejection and punishment (Kristal & Tucker, 1975).

3. Constructive use of authority. More often, though, the school counselor should be prepared for angry denial of problems and for justification of the existing patterns of discipline and child rearing. The parent may offer glib, inconsistent, inadequate explanations, statements that there is nothing to talk about, or threats to get the counselor dismissed for invasions of privacy. If this happens, the authority of the school should be clearly presented with concerns for both the child's health and the parents' well-being indicating a referral to protective services for help.

4. Awareness of own feelings. Being aware of the source of our own feelings is difficult since we are all human and tend to respond in the way we are received and treated. We need to be sensitive to our own feelings since the natural reaction to the sight of a hurt or neglected child is anger and hostility toward the probable perpetrator. The intensity of our feelings may also stem from guilt about our own repressed, unacceptable hostile feelings toward children who at times can be irritating and destructive. Our culture does not sanction

a freedom of expression of ambivalent feelings about children, and most of us conform to the expectation that we reveal only positive emotions.

Because of this mixture of feelings we have found it best to manage abuse cases in a hospital by dividing among different people the tasks of treating the child and attempting to help the parent (Krista! & Tucker, 1975). The physician treats the injured child while a nurse and/or social worker concentrates on the parent since these persons are less identified with the child and can be more objective in relating to the family. The counselor who works with the family must be able to resolve these naturally ambivalent feelings and be willing to try to find a way of relating and communicating interest in the parents' problem. Steele and Pollock (1972) in the book Helping the Battered Child and His Family suggest that in the beginning the helping person assume that a crisis has occurred in the family and try and express sympathetic understanding that the parent has been trying to do well in the face of unusual difficulties and circumstances. A simple statement like, "It looks like you've been having a rugged time," is frequently enough to establish beginning rapport, especially since the crux of this technique is the focusing on the parents' problem and the parents' need. This avoids focus on the child and his/her injuries and emphasis on the parents' failures.

5. Process of help. Evaluation and treatment continue to be intertwined as the helping person tries to assess the safety of the home for the child. These are families who do not enter into treatment willingly and are constantly testing the interest and commitment of

helping people. Appointments will be broken; the parents will come late or not show at all. The important thing is to accept the fact that the behavior of these parents will be different from that of people who have willingly requested counseling, and to see or respond to them when they do make any effort at contact. Most times it will be up to the worker to reach out, to phone, and to do what appears appropriate to reinforce continued interest.

Because of the way these parents were dominated in their own early experience, it is important that the helping person not be authoritative or take over responsibilities but rather be available to listen and to encourage parents to try things on their own. With the gradual building of trust, parents' basic dependency needs will become more overt and they probably will repeatedly request help and reassurance.

6. Importance of availability. The helping person's availability is of crucial importance at this time since any event may be construed as a crisis. If help is not forthcoming, this can again be perceived as deprivation. Helping persons have to be very careful to let such parents know when they will not be available and to make arrangements to have other people substitute for them. Steele and Pollock (1968), who worked intensively with a group of abusing parents, assigned at least two persons to help so that at least one was always available. Another benefit of this dual approach was that one person could concentrate on the mother while another could be available to other family members if this was indicated.

7. Use of other community resources. In addition, or in some

cases instead of a professional counselor, other resources might be more effective. Kempe and Helfer (1972) found that parent aides were very helpful in providing the "mothering" experience that either complemented the more clinical approach of a trained professional or could be introduced after the diagnostic phase of treatment was completed. These lay therapists were carefully selected persons who had raised children of their own successfully and were flexible, compassionate people who could listen and be non-directive and non-critical. Essentially the directions to these aides were first to concentrate on trying to "mother" the parent and secondarily to pay attention to the child. Visiting nurses can also be a very helpful resource if they direct their advice and educational efforts to the parent rather than to the child. They need to avoid the attitude of supervising or inspecting, and to work towards improving the parents' self-image. Sometimes a temporary homemaker can be of assistance by relieving an overworked parent of some responsibility or by serving as a good model in household organization and child management. The homemaker should be carefully selected--a person whose personality will be friendly and supportive to the parent and not so briskly efficient that the parent's inadequacies become more painfully exposed. An additional helpful resource might be a "crisis" nursery where a parent can bring the child whenever s/he feels near the end of tolerance level and needs relief. All parents feel the need for some separation from children. Child care cannot be a twenty-four hour duty, and parents cannot be expected to feel relaxed and loving for that span

of time. Some communities have also found a "hot line" helpful to the parent who is feeling harassed, alone, and needful of being in touch with the voice of another adult who will listen and perhaps make helpful suggestions.

A new innovative approach, Parents Anonymous, has recently become popular and is similar to the self-help movements for other medical and social problems. Parents Anonymous groups are made up of persons who identify themselves as potential or active child abusers who meet together with no direct system affiliation. The emphasis is on self-reliance and mutual support. The motto, "We alone can do it, but we cannot do it alone," describes their philosophy. The movement was started by an energetic woman, Jolly L., who herself had suffered severe social stress, and had been in over 100 foster homes, in jails, and in treatment centers. Following through with a therapist's suggestion, she discovered that she was helped herself when she tried to help others. The idea seems to have caught public attention and there are numbers of chapters now around the country. A National Self-Help Resource Center has been established in Washington, D.C., and sometime in 1976 the Journal of Applied Behavioral Science is scheduled to devote a full issue to the self-help movement.

D. The Sexually Abused Child

Although the literature on abuse and neglect is growing exponentially, relatively little has been written on the sexually victimized child. This continues to be a relatively taboo topic--ignored, minimized or intentionally covered up. There is no central or national recording

system for sexual offenses and the nomenclature about sexual offenses varies so greatly that figures are unreliable. At this time we have no accurate measure of the incidence, but the impression is that the incidence is much higher than any of the official statistics indicate. One of the reasons the incidence is so vague is that there seems to be a real reluctance for professionals like physicians, social workers, and teachers to entertain the possibility that what they might be seeing or hearing is evidence of sexual exploitation of children (Sgroi, 1975). Inquiring about sexual experiences is an area that causes discomfort for most people, but such inquiry may be important to the child who is seeking an understanding ear or needs help in putting a traumatic experience in perspective.

Leroy Schultz (1971) states that generally sexual assaults on children do not have an excessively unsettling effect on personality development or a serious effect on later adult adjustment. Most of the children who have been sexually assaulted without the use of any violence were engaging in affection-seeking behavior and did not perceive the offense at the time as being traumatic. Guilt in these sexual victims is relatively absent but may be activiated <u>after</u> the fact by parents, the courts or the community. It is important to find out the child's relationship to the offender, since many children feel loving and kind to persons in the family or to others with whom they have had long-standing relationships. If violence was used, the experience may be more traumatizing--especially for the older child whose cognitive development is more advanced.

The court experience with its adversary nature carries the greatest risk for subsequent psychological trauma. Many parents avoid reporting their children as sex victims either because they fear that the child may have exhibited contributory behavior or because they are apprehensive that the interrogation by police and subsequent court experience will be damaging to both the family and the child. The result is that many possible dangerous sex offenders are not apprehended. There seems to be a real need to train police, sheriffs, and court personnel in interviewing techniques that will minimize the trauma of the court experience. Meanwhile, another professional who knows the child can play a helpful role in preparing both the child and the family for the procedure.

Probably less than 5% of all sex victims are assaulted by violence or penetration. If there is any question of sexual assault, a child should be examined by a physician as quickly as possible. The examination should include inspection for trauma (sex organ damage, tears or ruptures, abrasions, bites or bruises, hemhorrage; laboratory tests for presence of semen or venereal disease; test for pregnancy). Dr. Sgroi (1975) refutes the idea that a physical examination of the child will aggravate or intensify the psychological trauma the child may already have experienced. Instead she argues that the examination by a gentle, knowledgeable physician will be well tolerated by most children and may be reassuring when there is worry that the child has been harmed by the assault.

Research on child sex victims bears out the fact that it is not

the sexual act per se that creates trauma but the parents' or other persons' behavior towards the child on learning of the situation that provokes intense feelings in the child (Gibbons & Prince, 1963). Parents may become hysterical, overreact, abuse the offender or punish the victim. Parents need help in dealing with the incident in a way that will prevent their communicating horror and panic to the child and creating trauma where it may not have existed before. Most single instances of sexual abuse produce few permanent consequences unless parental overreaction or painful court testifying reinforces the experience. Schultz (1971) states that, "By far the greatest potential trauma to the child's personality is caused by society, its institutions and the victim's parents as a result of (1) the needs of the court to use the child victim for the prosecution of the offender and (2) the need of the victim's parents to prove to themselves, other family members, neighbors and others that the victim was free of any victimogenesis and that they were good parents" (p. 119).

Incest, as a form of sexual abuse, is probably the least explored phenomenon in western society and has the strongest taboos against open discussion or research. Stigma and guilt very probably inhibit accurate reporting, but it is estimated that in the United States there are likely 1.2 cases per million population or about 3% to 4% of all reported sex offenses (Weiner, 1966). Weiner believes that incest is more related to psychological factors than to social or situational ones. Early studies indicated that crowded living quarters or rural, isolated settings tended to promote incestuous behavior. However,

Weiner points out the discrepancies in sampling procedures that seriously distort the evidences, since evidences come from criminals and courts where socially disadvantaged populations are heavily represented. Dr. Weiner states that "incestuous temptation derives from a unique combination of certain needs and attitudes in both directly and vicariously participating family members....The likelihood of incestuous urges being acted upon is heightened by certain situational factors and the capacity of involved persons to rationalize their violation of the incest taboo" (p. 153). These are generally families where the members have no real, close, affective ties to each other and where in a psychological sense they are isolated and distant from each other. Oftentimes sexual estrangement exists between husband and wife due to conflict, illness, pregnancy or absence which leads to consequent family disorganization.

Sibling incest is generally considered to be the most frequently occurring form of aberrant sexual relationship. However, father-daughter liaisons constitute the large majority of reported cases, with a very few reports of mother-son relationships. Incestuous fathers generally come from broken homes where parents were separated because of death or divorce. The atmosphere in the home during the father's important developmental years was cool, without real warmth or understanding. Psychological development was warped, not with serious pathology, but with an immature sexual orientation and the ability to rationalize sexual transgressions. Wives in these families are more typically infantile, dependent women who frustrate their husbands

sexually and tend to place adult responsibilities on daughters thus forcing premature maturity. Incestuous daughters are often precocious and advanced socially for their chronological age. Frequently, they express little guilt, and oftentimes the relationship is a way of expressing hostility towards the mother. Despite many preconceived assumptions, little data exist to support subsequent psychological damage to the child participant, especially if the incident or relationship started before puberty.

In summary, the entire process of help can be conceptualized in the following phrases: (a) observing or identifying, (b) assessing and evaluating, (c) treating. These phases are not distinct, mutually exclusive entities, but blend together, with the primary focus subtly shifting as the process develops. The most important considerations for school personnel would be the following:

1. How safe is the home for the child, if it is agreed that preliminary interventions should be attempted? Can the parent profit from possible educational approaches concerning more appropriate discipline, more appropriate attention to the child's need for supervision regarding food, clothing, etc.?

2. What clues are there that the parent can develop trust and be helpful to modify distorted child-rearing practices that are harmful to the child's development?

3. What support systems are available from spouse, friends, neighbors, and the community?

Might it be necessary to consider a temporary separation to insure

the child's protection while these important questions are being answered? If there is doubt about the wisdom of separation, it is generally preferable and less upsetting to try and work with the family intact since placement carries the message of criticism of the family's performance. Sometimes the fact of knowing that other people are involved and in authority is enough to help persons control aggression and creates the opportunity for developing a more positive contact. Preliminary activity by the school should come only with administrative support and following a consensus from an inter-school group who have been designated as part of the total school plan for handling potential situations of abuse and maltreatment. Many schools will elect to limit their involvement to an immediate referral to Child Protective Services. The ultimate decision of how things will be handled would seem to depend on the schools' view of their responsibility to children and families and the nature of the relationship of the school to other agencies and institutions in the community.

E. Importance of School Environment

In creating a sensitive and responsive school environment to deal with abuse, school personnel should also be aware of the importance of their own behaviors as models for children. This is especially significant for children who need a constructive experience with adults because their own parents are frightening and punitive (Bandura & Walters, 1959). Children tend to imitate what they see around them. Schools therefore should forbid the use of corporal punishment for

discipline in the school setting. This type of abuse of children has no place in an educational institution. The use of physical force by people in authority appears to condone the practice as an acceptable form of people interaction. The lesson that is communicated is that "might is right." For the adult the purpose is primarily to discharge frustration while taking advantage of the fact that the recipient is smaller and weaker. Corporal punishment may also achieve a short-range, temporary discipline; but violence does nothing to help children establish inner controls that are patterned after appropriate social models. Children need discipline, but it must be rational, firm, and compassionate.

As McElvaney (1971) has pointed out, "It has been repeatedly observed that the same children are paddled (spanked, whipped, hit) over and over again. The evidence implies that corporal punishment does not work. Some studies have shown that corporal punishment is not effective in reducing behavior problems. Others have indicated that schools using corporal punishment have more behavior problems" (p. 9).

Corporal punishment and humiliating mental punishment, such as belittling and the inflicting of ridicule and sarcasm, undermine the child's sense of self-respect and security, as well as destroy any respect the child may feel for the school. The results may only intensify the child's problem or result in the child's harboring smouldering resentment towards adults and school.

School personnel should be helped to become aware of how they

may rationalize their personal frustrations by abusing disciplinary power. School personnel, like parents, are human, and if burdened with personal problems can easily discharge stress by abusing children. Is a teacher prone to interpret classroom problems as a personal threat to leadership? Does a teacher punish to protect his/her own self-esteem rather than review disruptive behavior in an objective, logical manner? Might the school person be experiencing perverted sensual pleasure from the act of physical punishment?

The use of corporal punishment rather than being a solution may very well be a problem in itself. It should be outlawed in the schools. Two states, New Jersey and Maryland, have already taken this action and several cities including New York City, Washington, D.C., Boston, Pittsburgh, Baltimore and Chicago have followed suit.

F. Referral to Other Resources

Once a referral to another agency is made, the schools frequently feel left out and abandoned, cut off from the continuing process of help. This is largely a result of the complexity of many of our social services delivery systems that are designed to offer specific kinds of services and, in most communities, the lack of any comprehensive organization for continuity or coordination of care. Basically it is the client who suffers from the overlap of some services and inadequacies in others, restrictions about eligibility, and like problems. However, the agencies also are ineffectual when there is spotty sharing of information and conflict over territori-

ality. Many communities are now being forced through legislative pressures and the realities of funding limitations to examine and restructure their human services delivery systems. No community should have to tolerate the harsh reality that children with problems still "fall between the cracks" with no help available, or that parents too often are promised "paper help." The school counselor can become a child advocate by monitoring the process of inter-agency help and requesting periodic feedback from the agency that has accepted responsibility for treatment.

Numbers of communities throughout the United States have developed coordinating child abuse teams that take precedence over existing agency structures when the problem of abuse is identified. For example, Helfer and Kempe describe "The Consortium--A Community Hospital Treatment Plan" (1972) which is essentially a coalition of hospital personnel, the protective system and others, stressing a sharing and planning relationship around specific cases. Other communities have different models. In Rochester, New York, a Community Committee on Child Abuse has been formed, consisting of representatives of all the hospitals and child caring institutions (Child Protective Services, schools, court) who meet together monthly to work on standardizing procedures and plan for more effective communication and education about child abuse (Sayre et al., 1973). A Comprehensive Emergency Service system was organized in Nashville, Tennessee to respond to crises involving children with the goal of having a full range of services readily available so that families

can be helped to stay together. On another organizational level, the Nashville plan is a cohesive system that binds ordinarily fragmented services into a well-coordinated, effective service delivery. In Nashville, the "CES" system includes seven essential services: (1) Twenty-four Hour Emergency Intake, (2) Emergency Homemakers, (3) Emergency Caretakers (where parents are absent or incapacitated), (4) Emergency Foster Family Homes, (5) Emergency Shelter for Families, (6) Emergency Shelter for Adolescents, (7) Outreach and Follow-up. This plan was so highly esteemed by the Health, Education, and Welfare Office of Child Development that in 1974 that office funded a National Group to be available to help educate other communities to these possibilities. Additional information or technical assistance can be obtained by contacting:

National Center for C. E. S. to Children in Crisis
c/o Urban Observatory
320 Metro Howard Office Building
25 Middleton Street
Nashville, TN 37210

Obviously each community needs to study its own system, identify the areas of duplication or lack of services, and provide some structure that will help systems work effectively together so that referrals do not simply become reported statistics with no treatment follow-through.

G. The Future

Douglas Besharov, first director of the National Center on Child Abuse and Neglect, very correctly states in "Building a Community Response to Child Abuse and Maltreatment" (1975) that while present

efforts to prevent and treat abuse and maltreatment are of limited effectiveness, the potential for helping families meet their child care responsibilities is great. Primarily we need to help parents to "parent" and children to think of being parents before the actual biologic event takes place.

There is a growing awareness of the serious lack of preparation for this important role. We develop quite elaborate training manuals for other vocations but ignore this job of parenting. We have data to show that attention to parents through all types of counseling aids like case work, public health nursing and homemakers does help. We need to do more in family-building type programs, helping parents anticipate behaviors and stressing the normal developmental signs and stages that children undergo. We need to encourage parents to stimulate, guide, limit and protect their children and to be aware of the mutuality of relationships that exists between parent and child. Schools, churches, community centers can all be involved in programs with these aims. However, preparation should start long before people become parents.

Schools still remain the best resource for this type of education for living and should be supported in their efforts by national policy. We have ignored for too long the reality that many families do not take care of this responsibility which we have always assumed should be within the jurisdiction of the family. Children who are approaching puberty should be educated to the responsibility of

parenthood and to the importance of the fact that pregnancy should happen by choice and not by chance. Children should be planned for when parents are prepared to offer a reasonably decent life with psychological supports from families willing to take on the responsibility of child-rearing. Schools need to face the task of helping children develop both the social and intellectual skills necessary for coping in this complex, competitive society.

The United States Office of Education has helped sponsor several experimental programs to help train teachers, students and other community representatives in preparation for parenthood. One such program, Project Protection in Montgomery County, Maryland, is currently due to publish the curriculum of a new 9-week course titled "Child Maltreatment: Help and Hope" (1975-76). Topics include "Understanding child maltreatment," "Nurturing cycle in human behavior," "The violence cycle in human behavior," "Living with children: Yourself and others," "Coping with stress, Part I and II," "Child maltreatment in history (Contemporary problems of sexual molestation of children)," and "Child protection today (Contemporary problems of children's rights and responsibilities)." Further information can be requested from:

Mrs. Diane D. Broadhurst
Coordinator, Project Protection
Montgomery County Public Schools
850 North Washington Street
Rockville, MD 20850

Many other programs of various sorts and attempts by others to evaluate effectiveness are increasing, with the result that we will

soon be in a more knowledgeable position to invest in the ones that provide the highest benefits with the lowest cost factors. A bank for gathering and distribution of training materials is planned by the National Commission for Prevention of Child Abuse, Suite 510, 11 East Wacker Drive, Chicago, IL 60601.

Though we are making only small gains in affecting the lives of the 40% of our population who are our children, it is exciting and challenging to note that we are at least honestly beginning to examine how we treat our children and the impact of that treatment on them.

H. Recognition of Children's Legal Rights

Children's legal rights are now beginning to be recognized in the schools as well as in the courts. In 1967 the Gault case recognized a child as an individual person and guaranteed the child a right to counsel and to due process under the law. More recent court decisions have protected children against unreasonable, arbitrary school suspensions and expulsion proceedings. The rights of pregnant adolescent girls to continue attending school both before and after delivery have been established by the courts. At the time of this writing the Supreme Court also ruled that a legal female minor also has some rights over her own body and can elect to have an abortion without parental consent. Recently a college girl won educational support from her father who had denied financial help because he disapproved of her life style. The court decision based on the principle that the father's means and family expectations were a standard he could not withdraw at will shocked middle-class parents

who view child support as being dependent on obedience (Rexford, 1975). Class action suits brought against schools by parents and organizations seeking educational opportunities for children with differing handicaps have certainly forced school systems to be more responsive to children's needs. Dean Paulsen of the Law School at the University of Virginia notes in "The Legal Rights of Children" (1974) that we seem to be standing at the beginning of a movement where young people will be recognized as persons with full legal rights at an earlier age than ever before in our history. Despite the guarantees of individual rights, this poses serious, profound questions for parents and their autonomy for the definitions of "childhood" and its complications for support and guidance and for the role of the state and its responsibility to the citizens of tomorrow.

Schools and educational personnel can play leadership roles in advocating both within and outside the schools for the necessary changes of attitudes and behaviors that have impact on children and for the expanded services children need. Within the schools, educational leaders have the opportunity to support and participate in a humanistic educational program positively oriented to helping children develop competencies and enhance their sense of worth and potential as humans, with values geared to balancing individual gratification with consideration of and responsibility to others. There is a rich literature suggesting curricular orientation to develop these kinds of attitudes and learnings within the school

(Ojemann & Snider, 1964; Mosher Spinthall, & Norman, 1970; Weinstein & Fantini, 1971; Fantini & Roth, 1971; Lyons, Barton & Brown, 1970).

With the educational focus on individual children and their relationships with others the importance of identification and role modeling should not be overlooked or minimized. Modeling from a respected adult remains a strong educational tool. The school environment should reflect the standards of adults who are helpful, considerate, fair, and interested but who also are clear about their values and purpose.

Outside the school educators as citizens with special knowledge about the needs of children could make significant impact on national policy by becoming politically active in sharing their knowledge with others and by supporting candidates dedicated to good child welfare programs. In the past we have concentrated on trying to rectify the problems after they develop and find that we are doing too little too late. It would be less traumatizing and less costly to try and prevent the problems from occurring in the first place. A help in working toward prevention may be coming shortly from work being done in Arkansas by Bettye Caldwell and others in designing evaluation criteria for quality environments.

We need to find ways of balancing our traditional belief in the autonomy of families with the fact that large numbers of families do not provide the nurturing and support that children require for healthy development. However, when there is a question of harm to the child through physical abuse or serious maltreatment, there is

no question but that the rights of the child must be supported by national policy and commitment. Children in the United States represent almost half of our total population, but all of our future, and we cannot afford to keep our heads buried in the sand.

CHILDREN LEARN WHAT THEY LIVE

If a child lives with criticism, he learns to condemn.
If a child lives with hostility, he learns to fight.
If a child lives with ridicule, he learns to be shy.
If a child lives with shame, he learns to feel guilty.
If a child lives with tolerance, he learns to be patient.
If a child lives with encouragement, he learns confidence.
If a child lives with praise, he learns to appreciate.
If a child lives with fairness, he learns justice.
If a child lives with security, he learns to have faith.
If a child lives with approval, he learns to like himself.
If a child lives with acceptance and friendship, he learns to find love in the world.

Dorothy Law Nolte

From Advocacy for Child Mental Health. Edited by Irving N. Berlin, M.D. New York: Brunner/Mazel, Publisher, 1975. p. 145.

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